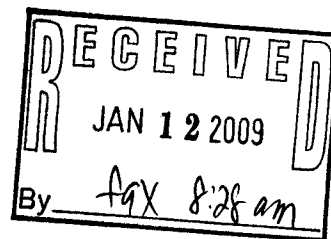


File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Jack Drake

Political Party (if applicable)

Republican

Office Sought

House of Representative

District (if Senate or House)

57

FORM

DR-2

(Rev. 07/2007)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. #

727

Logged In

e

Scanned

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Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Shirley J. Drake
SIGNATURE OF PERSON FILING REPORT

712-778-2538
TELEPHONE

January 8, 2009
DATE SIGNED

I AM FILING A December 31, 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 8,876.63

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

952.17

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 9,728.80

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

4,242.96

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 5,585.84

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 2,791.82

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ None

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake For State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-29-08	ID# 9761 CK# 1008	I.W. D.A. 1511-41 st PL. Des Moines, IA. 50311		\$ 100.00	<input type="checkbox"/>
10-29-08	ID# CK#	Alan Zellmer 56393 Highland Rd. Atlantic, IA. 50022		50.00	<input type="checkbox"/>
10-30-08	ID# CK#	Linda Hartkopf 1503 Baker St. Atlantic, IA. 50022		50.00	<input type="checkbox"/>
10-30-08	ID# CK#	Mark Markham 1501 E. 10 th St. Atlantic, IA. 50022		100.00	<input type="checkbox"/>
10-30-08	ID# CK#	Margie Herbert 1701 E. 18 th St. Unit 20 Atlantic, IA. 50022		25.00	<input type="checkbox"/>
10-30-08	ID# 9697 CK# 1056	MuniPAC 1735 NE 70 th St. Ankeny, IA. 50021		150.00	<input type="checkbox"/>
10-30-08	ID# CK#	Mary Johnson 2108- 8 th Harlan, IA. 51537		25.00	<input type="checkbox"/>
10-31-08	ID# CK#	Rolling Hills Bank Box 588 Walnut, IA. 51577		1.06	<input type="checkbox"/>
11-1-08	ID# CK#	Robert Sharp Box 249 Atlantic, IA. 50022		50.00	<input type="checkbox"/>
11-1-08	ID# CK#	Herbert Gaffigan 1222- 900 th St. Harlan, IA. 51537		100.00	<input type="checkbox"/>

SUB-TOTAL

\$651.06

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
---	------------------------------------

3

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake For State Representative

☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11-3-08	ID# CK#	Jerry Mez 1523 N. Willow Avoca, IA. 51521		\$ 100.00	<input type="checkbox"/>
11-3-08	ID# CK#	Michael Henningsen Box 407 Atlantic, IA. 50022		200.00	<input type="checkbox"/>
11-30-08	ID# CK#	Rolling Hills Bank Box 588 Walnut, IA. 51577		.60	<input type="checkbox"/>
12-31-08	ID# CK#	Rolling Hills Bank Box 588 Walnut, IA. 51577		.51	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$301.11

\$952.17

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURES

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-30-08	ID# CK# 1278	Atlantic News Telegraph 410 Walnut St. Atlantic, IA 50022	Campaign ad	\$ 313.11
10-30-08	ID# CK# 1279	Vishna Valley Shrine Atlantic, IA 50022	Meal	16.00
11-1-08	ID# CK# 1280	Avoca Journal Herald 164 S. Elm St. Avoca, IA 51521	Campaign Four ads	701.00
11-2-08	ID# CK# 1281	Hatlan Band Parents Hatlan, IA 51537	meal	18.00
11-3-08	ID# CK# 1282	Griswold American P.O. Box 687 Griswold, IA 51535	Campaign Two ads	270.00
11-4-08	ID# CK# 1283	Treasurer State of Iowa State Capitol Des Moines, IA 50319	Flag for Veterans	27.00
11-6-08	ID# CK# 1284	Farm Bureau Spokesman P.O. Box 670 Iowa Falls, IA 50126	Campaign Three ads	515.16
11-6-08	ID# CK# 1285	Atlantic News Telegraph 410 Walnut St. Atlantic, IA 50022	Thank you ad	99.40
SUB-TOTAL				\$ 1959.67
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 3

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

5

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE
B
(Rev. 07/03)

MONETARY
EXPENDITURES

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drame for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11-7-08	ID# CK# 1286	The Walnut Bureau 225 Antique Dr. Walnut, IA. 51577	Three ads Campaign	\$ 292.61
11-7-08	ID# CK# 1287	Harlan News papers 1114-7 th St. Harlan, IA. 51537	Four ads Campaign	835.00
11-8-08	ID# CK# 1288	Hancock Fire Dept. Main St. Hancock, IA. 51536	Meal	15.00
11-9-08	ID# CK# 1289	St. Mary Catholic Church 326 Maple Avoca, IA. 51521	meal	16.00
11-12-08	ID# CK# 1290	Journal Herald 164 S. Elm St. Avoca, IA. 51521	Two year Subscription	64.00
11-14-08	ID# CK# 1291	Danish Village Voice 4124 Main St. Elk Horn, IA. 51531	Two Campaign ads Thank you ad One year Subscription	368.00
11-16-08	ID# CK# 1292	Earling Fire Dept. 208-1 st Ave Earling, IA. 51530	Meal	17.00
11-18-08	ID# CK# 1293	Griswold, American P.O. Box 687 Griswold, IA. 51535	Thank you ad	36.00
SUB-TOTAL				\$1643.61
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(b).)

Page 2 of 3

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURES



CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11-23-08	ID# CK# 1294	Marne Housing Main Street Marne, IA. 51552	Meal	\$ 15.00
12-5-08	ID# CK# 1295	Farm Bureau Spokesman P.O. Box 676 Iowa Falls, IA. 50126	Thank you ad	176.90
12-5-08	ID# CK# 1296	Harlan Newspaper 1114 - 7 th St. Harlan, IA. 51537	Thank you ad	62.00
12-8-08	ID# CK# 1297	Walnut Bureau 225 Antique Dr. Walnut, IA. 51577	Thank you ad	30.80
12-20-08	ID# CK# 1298	KJAN Radio Station North Olive St. Atlantic, IA. 50022	Christmas ad	60.00
12-22-08	ID# CK# 1299	Jack Drake 504 Adair St. Griswold, IA. 51535	Campaign Car Mileage - 515 Miles @ .43	221.45
12-22-08	ID# CK# 1300	Jack Drake 504 Adair St. Griswold, IA. 51535	Campaign pickup To pickup 21943 @ .43	73.53
	ID# CK#			
SUB-TOTAL				\$ 639.68
TOTAL (if last page of this schedule)				\$ 4242.96

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 3 of 3

(for Schedule B)



Jack Drake for State Representative

**SCHEDULE
E**
(Rev. 06/97)

IN-KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

SUB-TOTAL	\$ 2,791.82
TOTAL (if last page of this schedule)	\$ 2,791.82

Page 1 of 1
(for Schedule E)